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**REVOCATION OF POWER OF
 ATTORNEY WITH
 NEW POWER OF ATTORNEY
 AND
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/712,476
Filing Date	11-13-2003
First Named Inventor	Wojciech LAZARSKI
Art Unit	2616
Examiner Name	Wong, Blanche
Attorney Docket Number	LHUD-03201-UUS

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

33794

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

33794

OR

☐ Firm or
 Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Maciej MICHALCZAK

Date

11/07/2007

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10712,476
	Filing Date	11-13-2003
	First Named Inventor	Wojciech LAZARSKI
	Art Unit	2616
	Examiner Name	Wong, Blanche
	Attorney Docket Number	LHUD-03201-UUS

I hereby revoke all previous powers of attorney given in the above-identified application.			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: </div> <div style="width: 35%; text-align: center; border: 1px solid black; padding: 5px; font-size: 1.2em;"> 33794 </div> </div>			
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <input checked="" type="checkbox"/> The address associated with Customer Number: </div> <div style="width: 25%; text-align: center; border: 1px solid black; padding: 5px; margin-left: auto; font-size: 1.2em;"> 33794 </div>			
OR			
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		
I am the: <input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>			
SIGNATURE of Applicant or Assignee of Record			
Signature			
Name	Roman SLIPKO		
Date	11/07/2007	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			

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SIGNATURE of Applicant or Assignee of Record

Signature	<i>Wojciech Lazarski</i>		
Name	Wojciech LAZARSKI		
Date	11/07/2007	Telephone	

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